

**BOARD OF DENTISTRY
ANESTHESIA COMMITTEE
LEWIS AND CLARK LIBRARY - LARGE CONFERENCE ROOM
JANUARY 30, 2010
MINUTES**

CALL TO ORDER: Doug Smith, Committee Chairman called the meeting to order at 1:07 P.M.

PRESENT: James Hoag, DDS; Ronald Neal, DDS; Terry Klise, DDS; Paul Sims, DDS; Susan Tiede, DDS; Kevin Rencher, DDS and Douglas Smith DMD

DLI STAFF: Dennis Clark, Board Administrator

PUBLIC PRESENT: Mr. James Madison

PUBLIC COMMENT STATEMENT:

In accordance with 2-3-103(1), MCA, the Board will hold a public comment period. Please note that Open Forum is the public's opportunity to address the Board on any topic that is not already on the agenda for this meeting. While the Board cannot take action on the issues presented, the Board will listen to comments and may ask that the issue be placed on a subsequent agenda for possible action by the Board. The Chairperson of the Board will determine the amount of time allotted for public comment. A decision on whether to hold a meeting in executive session is in the discretion of the Presiding Chair pursuant to Section 2-3-203 MCA.

No public comments were presented

APPROVAL OF MINUTES: The committee reviewed and approved the minutes from 2/6 and 4/10, 2009.

REVIEW AND DISCUSS DENTAL ANESTHESIA REGULATIONS:

Dr. Smith reviewed the discussion from the last meeting and discussed the suggested amendments to the ADA regulations.

The committee started their discussion with Statutes 37-4-511 and 37-4-101 as amended and presented by Dr. Smith.

The anesthesia rules were reviewed and consensus was that until the statutory language of 37-4-511 and 37-4-101 were complete, the committee would continue to update the rules at a future meeting.

37-4-511. Limitations on administration of intubated general anesthesia with practices involving general anesthesia. (1) A person engaged in the practice of dentistry or oral surgery may not perform any dental or surgical procedure upon another person if an intubated general anesthesia is administered unless the anesthetic is administered and monitored by:

(a) a physician anesthesiologist licensed to practice medicine by the state board of medical examiners;

(b) a certified registered nurse anesthetist recognized in that specialty by the state board of nursing; or

(c) (iii) a dentist who has received at least two years of postgraduate training in the administration of general anesthesia.

(d) an oral and maxillofacial surgeon who has successfully completed an accredited oral and maxillofacial training program.

(2) A person engaged in the practice of dentistry or oral surgery may not conduct any dental or surgical procedure upon another person under intubated general anesthesia unless the vital signs of the patient are continually monitored by

(i) a physician anesthesiologist licensed to practice medicine by the state board of medical examiners;

(ii) a certified registered nurse anesthetist recognized in that specialty by the state board of nursing; or

(iii) a dentist who has received at least two years of postgraduate training in the administration of general anesthesia.

(iv) an oral and maxillofacial surgeon who has successfully completed an accredited oral and maxillofacial training program.

(3) A person engaged in the practice of dentistry or oral surgery may not conduct any dental or surgical procedure upon another person under deep sedation unless the vital signs of the patient are continually monitored by another person who has been ~~examined by the board or its agent in life support skills and who has demonstrated a satisfactory level of proficiency as established by the board.~~ trained in life support skills.

(4) A person engaged in the practice of dentistry or oral surgery may not administer a general anesthetic to any other person unless the administering person satisfies the requirements for a person qualified to administer a general anesthetic, as provided in subsection (1), and meets any additional standards established by the board of dentistry for training in the administration of general anesthesia and in the treatment of the complications of general anesthesia. This subsection does not affect the requirements for monitoring of vital signs by another health professional under subsection (2) or (3).

(5) The facility in which general anesthesia is to be administered as part of a dental or surgical procedure must be equipped with proper drugs and equipment to safely administer anesthetic agents, to monitor the well-being of the patient under general anesthesia, and to treat the complications that may arise from general anesthesia.

History: En. Sec. 2, Ch. 518, L. 1985; amd. Sec. 1365, Ch. 56, L. 2009.

37-4-101. Definitions -- practice of dentistry. (1) Unless the context requires otherwise, in this chapter, the following definitions apply:

- (a) "Board" means the board of dentistry provided for in [2-15-1732](#).
- (b) "Department" means the department of labor and industry provided for in Title 2, chapter 15, part 17

(c) Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiological consequences (rescue) for patients whose level of sedation becomes deeper than initially intended. For all levels of sedation, the practitioner must have the training, skills, drugs and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

(d) "Minimal sedation" means a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond *normally* to tactile stimulation and verbal command. Although cognitive function and coordination may be ~~modestly~~ minimally impaired, ventilatory and cardiovascular function are unaffected.

- (1) In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdraw from repeated painful stimuli would not be considered to be in a state of minimal sedation.
- (2) When the intent is minimal sedation for adults, the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug that can be prescribed for unmonitored home use. ADD ADA GUIDELINE CONCERNING DOSING
- (3) The use of preoperative sedatives for children (age 12 and under) except in extraordinary situations must be avoided due to risk of unobserved respiratory obstruction during transport by untrained individuals.
- (4) Children (age 12 and under) can become moderately sedated despite the intended level of minimal sedation; should this occur, the guidelines for moderate sedation apply.

(e) "Moderate sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the dentist. Further, a patient whose only response is reflex withdraw from a painful stimulus is not considered to be in a state of moderate sedation.

(f) "Deep Sedation" is a drug induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

(g). "General Anesthesia" is a drug induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

(2) Except for the provisions of [37-4-104](#), a person is practicing dentistry under this chapter if the person:

(a) performs, attempts, advertises to perform, causes to be performed by the patient or any other person, or instructs in the performance of dental operations, oral surgery, or dental service of any kind gratuitously or for a salary, fee, money, or other remuneration paid or to be paid, directly or indirectly, to the person, any other person, or any agency;

(b) is a manager, proprietor, operator, or conductor of a place where dental operations, oral surgery, or dental services are performed, unless the person is the personal representative of the estate of a deceased dentist or the personal representative of a disabled dentist, as provided in [37-4-104](#);

(c) directly or indirectly, by any means or method, furnishes, supplies, constructs, reproduces, or repairs a prosthetic denture, bridge, appliance, or other structure to be worn in the human mouth;

(d) places the appliance or structure in the human mouth or attempts to adjust it;

(e) advertises to the public, by any method, to furnish, supply, construct, reproduce, or repair a prosthetic denture, bridge, appliance, or other structure to be worn in the human mouth;

(f) diagnoses, professes to diagnose, prescribes for, professes to prescribe for, treats, or professes to treat disease, pain, deformity, deficiency, injury, or physical condition of human teeth, jaws, or adjacent structures;

(g) extracts or attempts to extract human teeth or corrects, attempts, or professes to correct malpositions of teeth or of the jaw;

(h) gives or professes to give interpretations or readings of dental roentgenograms;

(i) administers an anesthetic of any nature, subject to the limitations provided in [37-4-511](#), in connection with a dental operation;

(j) uses the words "dentist", "dental surgeon", or "oral surgeon", the letters "D.D.S." or "D.M.D.", or any other words, letters, title, or descriptive matter that in any way represents the person as being able to diagnose, treat, prescribe, or operate for any

disease, pain, deformity, deficiency, injury, or physical condition of human teeth, jaws, or adjacent structures;

(k) states, advertises, or permits to be stated or advertised, by sign, card, circular, handbill, newspaper, radio, or otherwise, that the person can perform or will attempt to perform dental operations or render a diagnosis in connection with dental operations; or

(l) engages in any of the practices included in the curricula of recognized dental colleges.

History: (1)En. 66-901.1 by Sec. 77, Ch. 350, L. 1974; Sec. 66-901.1, R.C.M. 1947; (2)En. Sec. 10, Ch. 48, L. 1935; re-en. Sec. 3115.10, R.C.M. 1935; amd. Sec. 2, Ch. 38, L. 1941; amd. Sec. 3, Ch. 34, L. 1961; amd. Sec. 5, Ch. 352, L. 1969; amd. Sec. 83, Ch. 350, L. 1974; Sec. 66-910, R.C.M. 1947; R.C.M. 1947, 66-901.1, 66-910(1); amd. Sec. 3, Ch. 274, L. 1981; amd. Sec. 4, Ch. 363, L. 1981; amd. Sec. 1, Ch. 518, L. 1985; amd. Sec. 1, Ch. 151, L. 1997; amd. Sec. 113, Ch. 483, L. 2001.

Provided by Montana Legislative Services

<>

The Committee then moved on to the amended rules:

24.138.3201 PRACTICE OF ANESTHESIA) Dentists licensed in this state shall not apply minimal sedation, moderate sedation, deep sedation or general anesthesia techniques, unless and until they have met all of the requirements set forth in these anesthesia rules. To "apply" minimal sedation, moderate sedation, deep sedation or general anesthesia means to administer the agent to the patient and does not include performing dental procedures upon a patient to whom another person, qualified under 37-4-511, MCA, has given the agent.

(2) Violation of these rules shall constitute grounds for disciplinary actions as provided in 2-4-631 (3) and 37-1-136, MCA.

(3) Performing anesthetic procedures after the effective date of this rule without an appropriate permit will be interpreted by the board as unprofessional conduct under ARM 24.138.2301. This is an interpretive section.

History: 37-1-131, 37-4-205, MCA; IMP, 37-4-511, MCA; NEW, 1985 MAR p. 1994, Eff. 12/27/85; AMD, 1987 MAR p. 155, Eff. 2/14/87; AMD, 1994 MAR p. 1130, Eff. 4/29/94; TRANS, from Commerce, & AMD, 2003 MAR p. 2435, Eff. 10/31/03.

24.138.3202 PERMIT REQUIRED FOR ADMINISTRATION OF ANESTHESIA

(1) To administer moderate sedation, deep sedation or general anesthesia, a Montana licensed dentist must possess a permit.

(2) To obtain a permit, the dentist makes application and must meet specific minimum qualifying standards as set forth in the rules.

(3) Anesthesia administration permits must be renewed every year.

(4) The board may grant to a Montana licensed dentist, upon receipt of an application and payment of the initial inspection fee, a temporary permit authorizing the dentist to administer general anesthesia, deep sedation or moderate sedation for a period not to exceed 120 days or

until the inspectors are able to make the inspection. This temporary permit may be extended upon board approval.

History: [37-1-131](#), [37-4-205](#), MCA; IMP, [37-1-131](#), [37-4-101](#), [37-4-511](#), MCA; NEW, 1985 MAR p. 1994, Eff. 12/27/85; AMD, 1987 MAR p. 155, Eff. 2/14/87; AMD, 1989 MAR p. 2187, Eff. 12/22/89; AMD, 1993 MAR p. 393, Eff. 3/26/93; AMD, 1994 MAR p. 1130, Eff. 4/29/94; TRANS, from Commerce, & AMD, 2003 MAR p. 2435, Eff. 10/31/03; AMD, 2007 MAR p. 43, Eff. 1/12/07.

24.138.3203 MINIMUM QUALIFYING STANDARDS

(1) With respect to deep sedation or general anesthesia, no dentist shall be permitted to administer or monitor deep sedation or general anesthesia during a dental procedure or dental-surgical procedure unless and until he or she satisfies the qualifications set forth in [37-4-511](#) (1), MCA.

(2) Dentists providing moderate sedation, deep sedation, or general anesthesia must present evidence of successful completion of an advanced course in cardiac life support within the three most recent years. ~~As used in this subchapter, the terms, "moderate sedation", and "deep sedation" do not include "nitrous oxide/oxygen sedation" used alone or in conjunction with a single oral sedative agent.~~

(3) With respect to moderate sedation, no dentist shall administer drugs to achieve the state known as moderate sedation during a dental procedure or a dental-surgical procedure unless he or she has received formal training in moderate sedation techniques from an institution, organization, or training course approved by the board. ~~as defined by the American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students.~~ The dentist must furnish evidence of having completed this training.

~~(a) This requirement does not apply to the administration of an oral drug for the purpose of providing mild relaxation.~~

(b) All requirements for the use of moderate sedation, deep sedation or general anesthesia will apply as indicated, regardless of the agent used or the route of administration, when the intended or probable effect is a level of depression greater than ~~mild relaxation~~ minimal sedation.

~~(4) With respect to nitrous oxide/oxygen sedation used alone or in conjunction with a single oral sedative agent, no dentist shall use nitrous oxide/oxygen on a patient unless he has completed a course of instruction of at least 14 clock hours of didactic and clinical training. This instruction must include didactic and clinical instruction in an accredited dental school, hospital, or dental society sponsored course, and must include instruction in the safety and management of emergencies.~~

~~(a) A dentist who practices dentistry in Montana who can provide satisfactory evidence of competence and skill in administering nitrous oxide/oxygen sedation by virtue of experience and/or comparable alternative training shall be presumed by the Montana Board of Dentistry to have appropriate credentials for the use of nitrous oxide/oxygen sedation.~~

History: [37-1-131](#), [37-4-205](#), MCA; [IMP](#), [37-4-511](#), MCA; [NEW](#), 1985 MAR p. 1994, Eff. 12/27/85; [AMD](#), 1987 MAR p. 155, Eff. 2/14/87; [AMD](#), 1989 MAR p. 2179, Eff. 12/22/89; [AMD](#), 1993 MAR p. 393, Eff. 3/26/93; [AMD](#), 1994 MAR p. 1130, Eff. 4/29/94; [TRANS](#), from Commerce, & [AMD](#), 2003 MAR p. 2435, Eff. 10/31/03.

24.138.3204 MINIMUM MONITORING STANDARDS

(1) Minimum standards for monitoring patients for deep sedation and general anesthesia shall include the following:

(a) preoperative:

(i) vital signs - to include blood pressure, heart rate pulse, ~~oxygen saturation and oximetry~~, and ~~respiratory rate~~. Temperature may be necessary

(ii)

(b) intraoperative:

(i) vital signs - to include blood pressure, heart rate, pulse and oximetry ~~respiratory rate~~ to be taken and recorded every five minutes, and (ii) precordial stethoscope used to monitor respiratory rate and

~~(iii) pulse oximetry, and~~

(iv) continuous electrocardiac monitoring, and

(v) an intravenous line, and

(vi) continuous monitoring of skin and mucosal color, and

(vii) end tidal CO2 monitoring must be utilized for intubated patients

(viii) additional monitoring devices as indicated.

(c) postoperative:

(i) vital signs - to include blood pressure, pulse, and oximetry ~~respiratory rate~~ recorded at the completion of the procedure and prior to discharge, and

(ii) the patient must not leave the recovery area until the cardiovascular and respiratory stability are assured and the patient is awake and oriented.

(2) The minimum standards for monitoring moderate sedation patients shall include the following:

(a) preoperative:

(i) vital signs to include blood pressure, pulse and respiratory rate,

(ii) blood pressure monitoring for pediatric patients ~~only~~ as indicated unless unable to attain.

(b) intraoperative:

~~(i) continuous electrocardiac monitoring~~

(ii) All vital signs - to include blood pressure, heart rate, pulse, and oximetry ~~respirations~~ to be monitored and recorded at appropriate intervals. Only appropriate blood pressure monitoring for pediatric patients need be recorded, unless unable to attain.

(iii) a precordial stethoscope used to continually monitor respirations, and

~~(iv) pulse oximetry, and~~

(v) continuous monitoring skin and mucosal color.

(c) postoperative:

- (i) vital signs, blood pressure, heart rate, pulse, and oximetry ~~respirations~~ should be taken at completion of the procedure and prior to discharge,
 - (ii) only appropriate blood pressure monitoring for pediatric patients need be recorded,
 - (iii) prior to discharge cardiovascular and respiratory systems must be adequate.
- (3) Minimum standards for monitoring ~~nitrous oxide/oxygen~~ minimal sedation ~~used alone or in conjunction~~ with a single oral sedative agent shall include the following:
- (a) Pre-op
 - (i) Vital signs, blood pressure, heart rate.
 - (ii) For pediatric patients, all vital signs unless unable to obtain.

Dr. Klise' objected to including the above but was overridden by consensus of the other committee members.

~~(a)~~ (b)when the dentist who administers the nitrous oxide/oxygen and/or is not in the operatory there must be a dental auxiliary who remains with the patient and provides direct observation. The dental auxiliary must have specific instruction in the observation of nitrous oxide/oxygen sedated patients and shall monitor the patient until discharged.

(4) During dental procedures the facility must be staffed by supervised monitoring personnel all of whom are capable of handling procedures, problems, and emergency incidents and have successfully completed basic life support.

(a) With respect to a facility where ~~deep sedation~~ intubated and general anesthesia is provided, in addition to the dentist and dental assistant, there must be at least one person present to monitor vital signs. That person must be either:

- (i) a physician anesthesiologist licensed to practice medicine in the state of Montana; or
- (ii) a certified registered nurse anesthetist recognized in that specialty by the Montana Board of Nursing; or
- (iii) a dentist who has received at least two years of postgraduate training in the administration of general anesthesia.

(iv) an oral and maxillofacial surgeon who has successfully completed an accredited oral and maxillofacial training program.

~~(b)~~

(c) When moderate sedation is used, the dentist shall be qualified and permitted to administer the drugs and appropriately monitor the patient, and have successfully completed a course in advanced cardiac life support. In addition to the dentist, at least one other person on staff and present in the office must have successfully completed basic life support.

History: [37-1-131](#), [37-4-205](#), MCA; IMP, [37-4-511](#), MCA; NEW, 1985 MAR p. 1994, Eff. 12/27/85; AMD, 1994 MAR p. 1130, Eff. 4/29/94; TRANS, from Commerce, & AMD, 2003 MAR p. 2435, Eff. 10/31/03.

[24.138.3205](#) FACILITY STANDARDS

(1) A deep sedation or general anesthesia facility under these rules must contain a minimum of equipment, supplies and drugs, including, but not limited to, the following:

- (a) a positive pressure oxygen delivery system;
- (b) stethoscope and sphygmomanometer;
- (c) laryngoscope, endotracheal tubes, ~~and~~ a Magill forcep, and alternative airway devices.
- (d) oral pharyngeal and/or nasopharyngeal airways;
- (e) electrocardiac monitor and defibrillator;
- (f) appropriate drugs for emergencies to include drugs to provide advanced cardiac life support;
- (g) a precordial stethoscope;
- (h) pulse oximeter; and
- (i) suction devices.
- (j) for intubated patients, must include end tidal CO2 monitoring;
- (h) when malignant hyperthermia triggering agents are routinely used, dantrolene medications used to treat hyperthermia must be immediately available.

(2) A ~~minimal~~ moderate sedation facility under these rules must contain a minimum of equipment, supplies, and drugs, including, but not limited to, the following:

- (a) a positive pressure oxygen delivery system;
- (b) precordial stethoscope;
- (c) pulse oximeter;
- (d) stethoscope and sphygmomanometer;
- (e) oral pharyngeal and/or nasopharyngeal airways;
- (f) appropriate drugs for emergencies; and
- (g) suction devices.
- (h) continuous electrocardiac monitoring except pediatric patients.

(3) A facility in which nitrous oxide/oxygen is used alone ~~it~~ must contain a minimum of equipment and supplies appropriate to meet emergencies.

History: 37-1-131, 37-4-205, MCA; IMP, 37-4-511, MCA; NEW, 1985 MAR p. 1994, Eff. 12/27/85; AMD, 1987 MAR p. 155, Eff. 2/14/87; AMD, 1989 MAR p. 2179, Eff. 12/22/89; AMD, 1994 MAR p. 1130, Eff. 4/29/94; AMD, 1994 MAR p. 1130, Eff. 4/29/94; TRANS, from Commerce, & AMD, 2003 MAR p. 2435, Eff. 10/31/03.

24.138.3206 ON-SITE INSPECTION OF FACILITIES

(1) Each facility where moderate sedation, deep sedation or general anesthesia is to be provided shall be initially inspected by a team appointed by the board prior to the initial issuance of the appropriate permit to administer anesthesia on the premises, and at intervals not to exceed five years. Adequacy of the facility and competency of the anesthesia team will be evaluated by the inspection team. The inspection team shall consist of at least two individuals. One member must hold a deep sedation/general anesthesia permit. Any dentist

whose facility is to be inspected shall be notified at least 30 days prior to the inspection and the names of the inspection team shall be provided to the dentist.

(2) The on-site inspection shall include a test of the applicant and the applicant's staff on their abilities to recognize and manage complications likely to occur considering the techniques being used. Early recognition of complications will be emphasized. The facility must be inspected for the presence of drugs and equipment appropriate for the level of sedation or anesthesia to be provided. Monitoring assistants shall be examined for their knowledge of their respective roles in normal operating procedures and in various emergency situations. The inspection team shall evaluate office staff in proficiency in handling emergency procedures. The inspection team shall evaluate the accuracy of anesthesia record keeping.

(3) If the on-site inspection team finds deficiencies present in the inspected office, the facility shall be given 30 days to address the deficiencies. If, at the completion of this 30-day period, the deficiencies have not adequately been rectified, the board will limit the practitioner's permit to apply moderate sedation, deep sedation or general anesthesia only in qualifying facilities.

(4) If serious life-threatening deficiencies are found by the on-site inspection team, the board will immediately limit the practitioner's permit by refusing to permit the administration of moderate sedation, deep sedation or general anesthesia on the premises.

(5) An individual who provides anesthesia at multiple facilities must be inspected at one facility only. The individual must state all facilities are compliant for the equipment requirements.

(6) Five year reinspections may be performed by one inspector unless the dentist being inspected, or board, requests two inspectors.

History: [37-1-131](#), [37-4-205](#), MCA; IMP, [37-1-131](#), [37-4-101](#), [37-4-511](#), MCA; NEW, 1985 MAR p. 1994, Eff. 12/27/85; AMD, 1994 MAR p. 1130, Eff. 4/29/94; TRANS, from Commerce, & AMD, 2003 MAR p. 2435, Eff. 10/31/03; AMD, 2007 MAR p. 43, Eff. 1/12/07.

[24.138.3207](#) REQUIREMENTS FOR CONTINUING EDUCATION IN ANESTHESIA

(1) All dentists holding permits to provide deep/general anesthesia must submit evidence of having attended a minimum of 20 clock hours of continuing education every three years.

(2) All dentists holding permits to provide ~~conscious~~ moderate sedation must submit evidence of having attended a minimum of 12 clock hours of continuing education every three years.

(3) The education must be in one or more of the following fields:

- (a) general anesthesia;
- (b) conscious sedation;
- (c) physical evaluation;
- (d) medical emergencies;
- (e) monitoring and the use of monitoring equipment;

- (f) pharmacology of utilized drugs;
 - (g) advanced cardiac life support.
 - (4) Continuing education may include presentation of lectures and/or participation courses related to subject matter(s) listed in this rule.
 - (a) Three credits for each 60 minutes of initial presentation will be allowed for lecture and/or participation courses.
 - (b) One credit for each 60 minutes will be allowed for repeat lectures from material previously presented.
 - (5) All anesthesia permit holders shall affirm their understanding of and compliance with continuing education requirements on the annual license renewal.
 - (6) Failure of licensee to produce records of required continuing education may result in disciplinary action.
 - (7) A random audit of licensees may be conducted in every three-year cycle.
- History: [37-1-131](#), [37-1-319](#), [37-4-205](#), MCA; [IMP](#), [37-1-319](#), [37-4-511](#), MCA; [NEW](#), 1985 MAR p. 1994, Eff. 12/27/85; [AMD](#), 1999 MAR p. 209, Eff. 1/29/99; [TRANS](#), from Commerce, & [AMD](#), 2003 MAR p. 2435, Eff. 10/31/03; [AMD](#), 2005 MAR p. 1396, Eff. 7/29/05.

24.138.3208 REPORTING ADVERSE OCCURRENCES

- (1) All dentists engaged in the practice of dentistry in the state of Montana must submit written reports to the board within seven days of any incident, injury or death resulting in temporary or permanent physical or mental disability, or death involving the application of deep/general anesthesia, or conscious moderate sedation or nitrous oxide/oxygen sedation administered to any dental patient for whom said dentist, or any other dentist, has rendered any dental or medical service. Routine hospitalization to guard against postoperative complications or for patient comfort need not be reported where complications do not thereafter result in injury or death as herein before set forth. The report required by this rule shall include, but not be limited to, the following information:
- (a) a description of the dental procedure;
 - (b) a description of the physical condition of the patient and ASA classification unless Class I (as defined by the American Society of Anesthesiologists);
 - (c) a list of drugs and dosages administered and routes of administration;
 - (d) a detailed description of techniques used in the administration of the drugs utilized;
 - (e) a description of the adverse occurrences;
 - (f) a description in detail of symptoms of any complications, including, but not be limited to, onset of problems and symptoms of the patient; and
 - (g) a description of the patient's condition upon termination of any procedure undertaken.
 - (h) disposition of patient and subsequent treatment
- History: [37-1-131](#), [37-4-205](#), MCA; [IMP](#), [37-4-511](#), MCA; [NEW](#), 1985 MAR p. 1994, Eff. 12/27/85; [TRANS](#), from Commerce, & [AMD](#), 2003 MAR p. 2435, Eff. 10/31/03.

24.138.3209 ANESTHESIA FEE SCHEDULE

(1) Full general anesthesia application	
fee	\$200
(2) Full general anesthesia permit renewal	
fee	25
(3) Light general anesthesia application	
fee	200
(4) Light general anesthesia permit renewal	
fee	25
(5) Conscious sedation application	
fee	200
(6) Conscious sedation permit renewal	
fee	25
(7) Initial inspection	
fee	200
(8) Reinspection	
fee	150
History: 37-1-131 , 37-4-205 , MCA; IMP , 37-1-134 , 37-4-511 , MCA; NEW , 1985 MAR p. 1994, Eff. 12/27/85; AMD , 1989 MAR p. 2179, Eff. 12/22/89; AMD , 1994 MAR p. 3090, Eff. 12/9/94; TRANS , from Commerce, & AMD , 2003 MAR p. 2435, Eff. 10/31/03.	

CONFIRM FUTURE MEETING DATES: A future meeting will be held once the rule changes and other information is ready for the committee to review.

ADJOURNMENT: Meeting adjourned at 3:44 p.m.

SUBMITTED BY: Dennis Clark

APPROVED BY: _____
Douglas Smith, DMD

DATE: 1/30/2010